SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	3	33	OF		56
	(check c	only one)								
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	the name and address of any political committee to				
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC			
Full Name (Last, First, Middle Initial) A. Mr. Dennis Phillips	Date of Receipt				
Mailing Address 1252 Dilworth Cres Row	05 01 2015				
City					
Charlotte	NC 28203	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.34			
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly			
Carolinas HealthCare System	Administrator				
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70				
Full Name (Last, First, Middle Initial) Mr. Dennis Phillips	Date of Receipt				
Mailing Address 1252 Dilworth Cres Row	Mailing Address 1252 Dilworth Cres Row				
City	06 01 2015 Transaction ID : SA11AI.13361				
Charlotte	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	83.34			
Name of Employer	Payroll Deduction \$83.34 monthly				
Carolinas HealthCare System	Administrator				
Receipt For: 2015 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04				
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont	Date of Receipt 01 02 2015				
Mailing Address 2028 Hopedale Avenue					
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.12921 Amount of Each Receipt this Period 400.00			
FEC ID number of contributing federal political committee.	C				
Name of Employer	Payroll Deduction \$400 monthly				
Carolinas HealthCare System					
Receipt For: 2015					
Primary X General Other (specify) ▼	400.00				
SUBTOTAL of Receipts This Page (optional)	566.68			
TOTAL This Period (last page this line numl	per only)				